

BOSTON 53 MAR 2000

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10129721

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1	2				
5		1				
6		2				
7	1	2				
8		1				
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	9	↔		↔		↔
TOTAL CLAIMS	12	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		QR	QR	QR	QR	QR